

913

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Mila</u>	BUREAU OF VITAL STATISTICS	129	State Index No. <u>630</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>204</u>
Town of <u>Miami</u>	Local Registrar's No. _____		
or _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Learl Rogers</u>		Born <input checked="" type="checkbox"/> YES	Alive <input checked="" type="checkbox"/> NO
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and <u>1</u>	Number in order of birth <u>1</u>
Legitimate? <u>y</u>	Date of Birth <u>Apr 13</u> 191 <u>7</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Jim Matthews Rogers</u>	Full Maiden Name <u>Jessie Ray</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>Wh</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>Wh</u>	Age at last Birthday <u>22</u> (Years)
Birthplace <u>Texas</u>		Birthplace <u>Texas</u>	
Occupation <u>Cattle Man</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>y</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 13 1917 at 4:30 AM.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Leharl E. Irwin M.D.  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1917

Address Miami

Filed May 10 1917

John H. Lacy  
LOCAL REGISTRAR

Filed June 5 1917

B. S. Galt  
COUNTY REGISTRAR

392-413-198  
COUNTY REGISTRAR.